REMARKS

Reconsideration of pending claims 15, 16, 18-24 and 26-37 is respectfully requested. Upon entry of this preliminary amendment, claims 15, 18, 19, 21 and 32 will be amended to correct grammatical deficiencies and to recite active method steps. Support for the amendments to the claims can be found throughout the application as filed. Applicants respectfully submit that no new matter has been added.

During prosecution of this application, the Examiner rejected claims 15, 16, 18-24, 26-37 under 35 U.S.C. §103(a) as being unpatentable over Diedrich et al. in view of Felberbaum et al., and rejected claims 21, 22 and 33 as being anticipated by Diedrich et al. under 35 U.S.C. §102(b). Applicants traverse these rejections for at least the following reasons.

Claimed invention is an improved method of treating infertility disorders, comprising administering an LH-RH Antagonist within a controlled ovarian stimulation program either in a single or dual dose regimen of 1 to 10 mg, or in a multiple dosage regimen of 0.1 to 0.5 mg per day. In particular, preferably a single or dual dose posology, including 2-6 mg, and most preferably 3 mg Cetrorelix on cycle day 6 is used. A preferred multiple dose posology representing a dose of 0.1-0.5, preferably 0.25 mg Cetrorelix also on cycle day 6 may be utilized. In the Felderbaum article, Cetrorelix is administered on day 7 in a dosage of 3 mg or 1 mg daily up to ovulation, which reflects a much higher multiple dosage than is claimed.

The low dosages of LH-RH Antagonist recited in the claimed method permit the timing of ovulation to be manipulated within a normal cycle, as opposed to an exogenous gonadotropin-stimulated cycle, without affecting the viability of the growing follicle.

Applicants respectfully submit that this is a remarkable difference in dose and management of IVF therapy. FSH levels in the protocol of Diedrich were suppressed during treatment with Cetrorelix, albeit to a lesser extent than in previously known protocols. Diedrich acknowledged uncertainty regarding the affects of the treatment disclosed therein on FSH levels. Previously used approaches, such as in Felderbaum, did not contemplate the use of the claimed multiple dose posology representing a dose of 0.1-0.5, preferably 0.25 mg Cetrorelix. Felderbaum did not recognize the importance of maintaining FSH secretion at natural levels, and thus fails to suggest a dose of LH-RH antagonist capable of suppressing LH without affecting FSH secretion. Thus, neither Diedrich nor Felderbaum provide motivation to utilize the claimed dosages of LH-RH antagonist while maintaining FSH secretion at a normal level. Therefore, it is respectfully submitted that Diedrich, either alone or in combination with the Felderbaum reference would not result in the claimed invention. Accordingly, withdrawal of the Section 102 and Section 103-based rejections is respectfully requested.

Claims 15, 16, 18-24 and 26-37 have been provisionally rejected under the judicially created doctrine of obviousness-type double patenting as being unpatentable over claims of co-pending application 09/053,152. Applicants

respectfully request that this issue be held in abeyance until such time as allowable claim language is agreed upon. Upon receiving an indication that at least some of the claims are allowable, Applicants will file a Terminal Disclaimer, if necessary.

All objections and rejections having been addressed, it is submitted that the application is in condition for allowance, and Notice to that effect is respectfully requested.

Respectfully submitted,

PILLSBURY WINTHROP LLP

By Blair Elizabeth Taylor

Blair Elizabeth Taylor, Ph.D.
Reg. No. 44,370
Tel. No.: (703) 905-2198
Fax No.: (703) 905-2500

1600 Tysons Boulevard
McLean, Virginia 22102
(703) 905-2000
Enclosure: Appendix

RECEIVED
SEP 0 7 2001
OFFICE OF PETITIONS
DEPUTY A/C PATENTS

O I P E
SEP 0 4 2001
PATENT & TRADEMARK OFFICE

APPENDIX
MARK-UP VERSION SHOWING CHANGES MADE

IN THE CLAIMS:

The claims have been amended as indicated below.

15. (Four Times Amended) In a method of treating infertility disorders by administering an LH-RH Antagonist and administering an exogenous gonadotropin for inducing follicle growth, the improvement comprising [of] administering the LH-RH Antagonist within a controlled ovarian stimulation program either in a single or dual dose regimen of 1 to 10 mg or in a multiple dosage regimen of 0.1 to 0.5 mg per day.

18. (Twice Amended) In a method of treating infertility disorders by administering an LH-RH Antagonist and inducing follicle growth by administration of exogenous gonadotropin, the improvement being administering an amount of LH-RH Antagonist sufficient to suppress only endogenous LH, while FSH secretion is maintained at a natural level and individual estrogen development is not affected, [The method according to claim 15] wherein [after the inhibition of the action of natural] suppression of endogenous LH activity [caused by the LH-RH Antagonist,] is followed by maintenance of [the] follicle development [is not externally stimulated but maintained] by endogenous gonadotropins without external stimulation.

19. (Twice Amended) The method according to claim 18, wherein [after] inhibition of [the] action of natural LH is caused by Cetrorelix [, the follicle development is not externally stimulated but maintained by endogenous gonadotropins].

21. (Twice Amended) A method of controlled ovarian stimulation [in which] comprising administering Cetrorelix [is administered either] in either a single or dual dose of 1 to 10 mg, or in a multiple dosage [regiment] regimen of 0.1 to 0.5 mg per day starting at cycle day 1 to 10 and inducing ovulation [can be induced] between day 9 to 20 of the menstruation cycle.

32. (Amended) The method according to claim 15 wherein recombinant LH, native LHRH or LHRH agonist [are given] is administered to avoid hyperstimulation syndrome.